



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 4891

<b>SERIAL NUMBER</b> 10/067,181	<b>FILING or 371(c) DATE</b> 02/04/2002 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 22467.30018		
<b>APPLICANTS</b> David A. Martin, Bentleyville, OH; David R. Montgomery, Hudson, OH; <b>** CONTINUING DATA *****</b> This application is a CIP of 09/339,479 06/24/1999 PAT 6,862,571 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 02/28/2002						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/R. DAVID RINES/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Emerson, Thomson & Bennett, LLC 777 W. Market Street Akron, OH 44303 UNITED STATES						
<b>TITLE</b> Method of medical malpractice and insurance collaboration						
<b>FILING FEE RECEIVED</b> 475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees			
			<input type="checkbox"/> 1.16 Fees (Filing)			
			<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)			
			<input type="checkbox"/> 1.18 Fees (Issue)			
			<input type="checkbox"/> Other _____			
			<input type="checkbox"/> Credit			